STATEMENT OF

FORM 1	ORGANIZATIO (See instructions)	ON	Office use only
NAME OF COMMITTEE (in	full) X (Check if name Exa is changed) over	mple: If typying, type r the lines	2FE4M5
Liberty Projec	t		
ADDRESS (number and	street) 7315 Wisconsin Avenue		
(Check if address is changed)	Suite 310 East		
	Bethesda	ا لىسىس	MD 20814 - 11
	CITY▲	s S	ΓATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail add	ress)	
(Check if address X is changed)	info@campaignfinancial.co	o m 	
COMMITTEE'S WED	DACE ADDRESS (LIDL)		
	PAGE ADDRESS (URL)		
(Check if address is changed)	· <u> </u>		
2. DATE 0 2			
3. FEC IDENTIFICA	TION NUMBER C COO	0446625	
4. IS THIS STATEM	NEW (N) OR X	AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge at	nd belief it is true, correct and co	omplete
Type or Print Name of	Treasurer Gail E. Gardner		
Signature of Treasurer	Electronically Filed by Gail E. Gardner	Da	te 02 / 09 / Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject		
Office Use Only		For further information confederal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)